

SECRET

PROJECT EVALUATION FEEDBACK

PROJECT NO. 94-226-0
DATE OF PROJECT MAR 01 '94

The following is an evaluation form for the project you reviewed. Please complete this form and return to [REDACTED] Chief, Technology Assessments and Support Activity.

SG1J

A. Is the information accurate? (Circle response)

Categorism	Source A	Source B	Source C
(1) Yes (true)	(1)	(1)	(2)
(2) May be true	(2)	(2)	(2)
(3) Possibly true	(3)	(3)	(3)
(4) No	[REDACTED]	(4)	(4)
(5) Possibly not true	(5)	(5)	(5)
(6) Unsure	(6)	(6)	(6)

B. What is value of the source(s)' information? (Circle response)

(1) Major significance	(1)	(1)	(1)
(2) High value	(2)	(2)	(2)
(3) Of value	(3)	(3)	(3)
(4) Low value	(4)	(4)	(4)
(5) No value	(5)	(5)	(5)

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STAR GATE

Enclosure 2

94-206-0

DIA, OHT-S

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C. Rationale for source evaluation. Provide rationale/analysis which led to your evaluation of responses provided above. Include confirmatory/new confirmatory data and whether collection requirements are currently validated/tasked to either obtain or verify such data. Please provide your written evaluation by source.

(A) NAME ASSOCIATED WITH VESSEL IS CORRECT, OTHER INFORMATION ON CREW AND ACTIVITY DOES NOT CORRELATE WITH OTHER INTEL. TIME INFO FOR COMPLETION OF CURRENT ACTIVITY ACCURATE

(B) NAME ASSOCIATED WITH CIGARETTE BOATS IS UNKNOWN. HOWEVER CIGARETTE BOATS AS A PLAYER IN THIS ACTIVITY IS PROBABLY ACCURATE. OTHER INFO CAN NOT BE CONFIRMED OR DENIED.

SG1B (C) IDENTITY OF [REDACTED] AS A DRUG SMUGGLING VESSEL IS ACCURATE. SIZE IS ACCURATE. TIME FRAME OF ACTIVITY IS ACCURATE. DRUG INVOLVEMENT IS ACCURATE

SG1I

SG1A

D.

[REDACTED] OFFICE/PHONE NUMBER

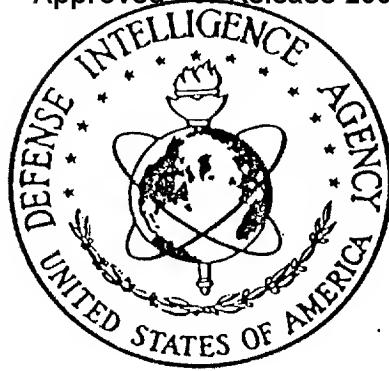
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CONTROL NUMBER

SG1J

SG1A

TO BE COMPLETED BY REQUESTER

FROM [REDACTED] OFFICE/DESK PAC-T.A. PHONE NUMBER _____
 SUBJECT Project 94-226-0
 CLASSIFICATION S/NF/SA/KM01S PAGES 1+6

DELIVERY INSTRUCTIONS

HOLD FOR NORMAL DUTY HOURS

DELIVER IMMEDIATELY

TRANSMIT TO

AGENCY	INDIVIDUALS NAME	OFFICE	ROOM NUMBER	PHONE NUMBER
JTF5	[REDACTED]			[REDACTED]

REMARKS

SG1I

SG1A

DIA FORM 701-4 (4-89) REQUEST/RECEIPT FOR TRANSMISSION